Exhibit

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January 9th, 2007

Henry Putzel, III
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By FedEx and fax to: 212-661-0415; telephone is: 212-661-0066

Re: Psychosexual Evaluation of Dr. Don May

Dear Mr. Putzel

I have evaluated Dr. May, with my report as follows:

Identifying Data & Chief Complaint: The patient is a 46-year-old white male, Jewish, who belongs to the congregation Sons of Israel in Briarcliff, New York. He is married, with two daughters, ages 13 and 11, and is an economist working in litigation support. He is about to change jobs, but he had been working for a company called NERA Economic Consulting for the past two years. He was referred to me for an evaluation given his recent arrest for possession of child pornography.

Sources of Information: Included the following interviews with the patient: 5 hours on October 16th, 2006, and half an hour on November 23rd, 2006. I also spoke with the patient's wife over the telephone on several occasions, and spoke with his therapist, Dr. Hopkins. I also spoke several times over the telephone with the patient.

It also included a review of the following documents:

1. A copy of the Government's Affidavit in support of a search warrant application.

2. A copy of the criminal complaint.

3. An outline by Dr. May summarizing his life, 4 pages in length.

Dr. May was felt to be a reliable historian.

Informed Consent for the Examination: Prior to the examination I informed the patient that I was performing an evaluation at the request of his defense attorney and that whatever he said to me could be included in a report to him or her, and the defense attorney may, in turn, choose to present this to the Court and the prosecution. I also presented information on the various psychological, physiological, and paper and pencil tests that I would be administering. The patient understood this information and signed appropriate consent forms.

History of the Present Illness: The patient said that he was born in Chicago, Illinois. He said that his mother's pregnancy with him and delivery of him were normal as far as he knew. He was raised in Chicago until the age of 2. From the age of 2 to 6, he was raised in Israel. His parents had originally come from Europe. He said that his father had a job opportunity in Israel and traveled there to open up a factory, which he did from 1962 to 1966. The patient returned with his parents to the United States when he was 6, and could not speak English (speaking only Hebrew) when he began school. He was then raised in Chicago, eventually graduating from high school in 1978 from Evanston Township High School.

He said that he went to middle school at a Jewish school called Solomon Schechter School from the age of 12 to 14. After this, he had gone to public school, which he found quite rough and had been very intimidated, being afraid to go into bathrooms alone and otherwise being the brunt of jokes and being teased. He said he was quite standoffish and shy, but also was quite handsome and was pursued by many girls. He said that eventually he got a girlfriend and was integrated more into the school community.

He did not have to repeat any grades.

Dr. May said that when he was 13 his mother decided to return to Israel, being depressed and feeling that she might do better there. He thus was raised by his father from the age of 13 to 18. His father frequently traveled to Israel. The patient said that he had a long period of no or poor supervision and during this time he felt depressed. He also engaged in marijuana use on a daily basis and alcohol use on a daily basis. He said that his grades were excellent until be began using marijuana and alcohol and they deteriorated.

There were approximately 1000 people in his graduating class and he said this he was in the middle of his class.

Following graduation from high school, Dr. May developed an interest in flying and took an accelerated course in flying, learning how to fly in approximately 3 months. He attended a community college and then Roosevelt University in Chicago. He then went to visit and live with his mother and sister in Israel in 1982. He said at that time, he was in exchange program studying at Tel Aviv University when he met his wife. He said that he married her in 1982 when he was 22 and she was 21. He said he married her because she had to go into the Israeli Armed Services and would have been assigned to some remote post, and, in order to stay together, they decided to get married so she could be assigned nearby to him. She had a background in teaching.

He said that she insisted that "I clean up my act" and she forbade him to use marijuana, or alcohol, which he was able to do successfully until approximately six years ago. He smoked and continued to smoke cigarettes.

In 1983, they traveled back to Chicago and both studied at Roosevelt University, the patient, accounting, and his wife, music education. He graduated from Roosevelt University with a Bachelor of Science and Bachelor in Administration in 1985.

He passed his CPA exam and went to the University of Chicago's MBA program. He said he fell in love with research and teaching and ultimately decided to do and complete a Ph.D. in economics, which he finished at the University of Chicago in 1993, receiving a Ph.D. in economics and finance.

His thesis was involved studying the motivations of chief executive officers of corporations. He said that he demonstrated that a firm's investment decisions were influenced by the financial circumstances and for the benefit of the firm's chief executive officer.

He said that this led to a quite significant article that was published in the Journal of Finance in 1995.

He said that he wanted to stay in Chicago, but had a choice of remaining at the University of Chicago which did not tend to take its own graduates just after graduation, or at Northwestern University, which had a whole different philosophy than he had been taught. He said that at this time there was a very difficult job market, so he went to MIT where he taught from 1993 to 1997. He taught accounting and financial statement analysis and was on the faculty of MIT.

Overall, he, although emerged in academics, felt that academic life was not for him and that his work and decisions did not have much of an impact on real life. He also said that he wanted to make some more money.

Accordingly he left to join an accounting firm and to consult and he began doing this in Boston in1998 briefly at KPMG. He then worked at Price Waterhouse from 1998 to 2000.

He said that he left Price Waterhouse in March of 2000 in order to develop an Internet firm that would offer financial consulting, but with the collapse of the Internet market the firm failed and he went back to Price Waterhouse, working in their Bankruptcy Department for a year and a half.

In 2002, Price Waterhouse decided to spin off its Bankruptcy Department and sold it and the patient then decided to start his own business in 2002. He found this very difficult to do. He had a lot of time on his hands and had to do lot of marketing and was constantly worried about financial pressures.

In 2004 through an individual he met, he began working for a company called NERA Economic Consultants, which specialized in economic consultation to law firms involved with large legal cases. He said that he had to travel a great deal prior to joining NERA and also felt

that he needed to get more experience in testifying, so, in the few months before my initial interview of him, he had decided to join another firm and was in the process of another job change.

Dr. May, when asked how he got into trouble, said that approximately in 1998, his mother committed suicide jumping out of the 20th story of an apartment building in Israel. He said that she had a long history of overdose gestures and depression and that she had gone with her husband to a psychiatrist who had insisted that she be admitted to a psychiatric hospital. His father was unwilling to admit her to the hospital and instead insisted on watching her at home. He brought her home where she promptly jumped out of the 20th story of a building and killed herself.

Dr. May also said that he was devastated by this and became depressed. He said that this depression continued and worsened as he became very stressed from his job changes and from demands at work. He said that in 1998 he saw his regular medical doctor who started him on Paxil, at a low dose, which he continued on for a couple of years, which did not help him much. Approximately in 2000, he saw a psychiatrist, Dr. Arthur Badikian, who told him he was very depressed and started him on Effexor 300 mg per day, on which he improved substantially. He has continued on this into the present.

Dr. May also said that in 2000, he relapsed in terms of his marijuana use and alcohol use, using both excessively with his wife complaining of this, and he continued using this despite his treatment with Dr. Badikian.

The patient also said that in approximately 2002 he developed panic attacks and was started on Klonopin 0.5 mg prn for this, which helped him in great deal. He was also briefly tried on Adderall by his psychiatrist, with the thought that he had attention-deficit hyperactivity disorder, which caused him to be dysphoric and which he did not continue.

Dr. May said that in November of 2004, his father was on anticoagulants and painkillers and slipped in a parking lot in Florida, hit his head and developed a brain hemorrhage. He said that a week later, he and his sister made a decision to turn off the respirator and his father died.

The patient said that he was at that time also immersed in work, often working 18 to 20 hours per day with the NERA Company, traveling a great deal. He said that he did not experience appreciable depression until approximately November of 2005 when he said he became quite exceedingly depressed with the Thanksgiving holidays when his father would typically visit.

The patient had said that for many years, he had used pornography on the Internet. He said that he, being an economist and somewhat of a spendthrift, tried to adopt the most cost effective way of acquiring materials and he would find a website which might contain a large volume of reports or legal information, subscribe to it briefly, download a large volume of materials and then discontinued the subscription.

Dr. May said that in 2004 and 2005 his work slowed down and in November of 2005, he became more depressed. In the setting of feeling depressed, he engaged in marijuana use extensively and alcohol use. He said that he received an e-mail advertising child pornography and became curious about this and signed on to the site and proceeded to downloaded a large amount of pornography from November 20th till the beginning of December, 2005, which was ultimately established to be 148 videos and 48 still images. He said that he thought that it was illegal to manufacture child pornography, but was not aware of the grave consequences for possession of this. He said that he was depressed and under the influence of marijuana and alcohol during much of the time that he downloaded the child pornography.

He said that he downloaded the pornography on a particular computer that had problems with its memory and did not open up files until after a large batch had been downloaded. He said that when he opened some of the child pornographic video files, he found them repulsive and tried to delete them, but was unable to do so because of malfunctions in the computer.

He denied any sexual fixation, sexual interest, or masturbation to images or fantasies of children at any time. He said that he found such images repulsive. He said that he stopped using the computer that he had used to download pornography, but said that he retained it because it had various addresses in Outlook Express that he would periodically use. He said that he and his family had some eight computers at the time.

He said that on August 29th, 2006, at 6 AM there was knock on his door and eight or nine agents appeared saying that they were from the Department of Homeland Security.

He said that two of the agents suggested that they talk with him privately and they informed him that he was the person of interest in an Internet child pornography case and that they knew that he had downloaded everything. He said that he was thinking of Martha Stewart at the time and thought that it would be better to be open and truthful to them and he admitted that he had downloaded child pornographic materials onto his computer. He said that Homeland Security also took all of the other computers in his house, but allowed him to copy some images and programs that he had developed for his daughters.

He said that at this point he retained an attorney. He said in his interview with me that he still he had not received his computers back and that he and his family needed Internet access.

He had to put up a $250,000 unsecured bond and agree to wear an ankle monitor. He was assigned a Pretrial Services Officer, Mr. Kowal.

The patient surrendered to authorities at the beginning of October and decided to go into drug rehabilitation and enrolled in a program at St. Francis Hospital in Harrison, New York, on September 6th. Since September 7th, his date of sobriety, the patient has been going to this program two to three times per week. He said that he had random urines done at St. Francis, which initially showed the presence of marijuana, but that his levels were dropping. The patient said that he had an individual therapist there.

The patient stated that he had been initially depressed once during the period 1998 to 2000, related to the suicide of his mother and to work and various other circumstances, and a second time in 2005 related to anniversary of his father's death. He had become depressed again in August of 2006 and this was related to the seizure of his computers. He said that use of marijuana and drugs were associated with these depressions. He also said he had been depressed as a child and also quite anxious as a child and remembered seeing a therapist for anxiety on a number of occasions in grade school.

The patient said that had he lost some 30 pounds during August and September of 2005. He said that his wife knew about these charges. He said that his children knew that he was in some legal difficulty, but not the full extent of it.

Past Psychiatric History: Was notable for visits to a therapist in the fifth grade for anxiety. Otherwise, the patient had not been hospitalized or treated psychiatrically.

Past Medical History: The patient has had high blood pressure for several years and been treated for this intermittently. He is also on Lipitor, and has a cholesterol of 160. He has a doctor, Max Plesset, in Mt. Kisco, New York. He has a psychiatrist, Dr. Badikian, who he most recently saw several days before my initial interview of him. The patient said that he also had acid reflux and was hospitalized in October of 2005 for severe hiccups that required treatment with Thorazine.

He said that some doctors had expressed concerns about his heart because his father had had a heart attack at an early age. The patient underwent a thallium stress test without problems.

The patient has no allergies to medicines. His current medications include Lipitor and Effexor 150 mg sustained release, two tablets in the morning.

Substance Abuse History: The patient abused marijuana from the age of 15 to 21 when his wife insisted he stop using it, which he did until several years ago. He also smoked cigarettes intermittently and abused alcohol intermittently.

At the age of 40 in 2000 he started using marijuana again quite extensively, five or six times per day, plus alcohol periodically and also continued smoking one-half pack per day of cigarettes. He continues to smoke and has never had any sustained cessation of smoking.

Past Legal History: Was negative in detail. The patient has had no prior arrests.

Past History/Family History/Social History: The patient's father died at the age of 75 in October of 2004. His father was an engineer by trade and started his own business, making reflectors that were placed on bicycles in a very cost efficient way. His father sold his business in 1985 and thought that he had a talent in the stock market but lost most of his fortune investing in it. He was described as being "a narcissist" and "a gambler" who went periodically to Las Vegas. His father remarried after the death of his mother.

The patient's mother died at the age of 68 committing suicide in 1998. She was depressed as a child. She had a sister who likewise committed suicide.

The patient has a sister, 50, in Israel who is married and works as a teacher.

His wife, Dalia, is 45, and works as a school psychologist in the Irvington High School and has worked there for four years. Mr. May in December over the telephone indicated that she had just discovered some lumps in her breast and that she had scheduled a meeting with a breast specialist.

One daughter, Sycamore, 13, is in the eighth grade at Bell Middle School in Chappaqua, New York, and is doing well. She was diagnosed some years ago as having Tourette's because of periodic twitches. She was referred by her pediatrician to a Tourette's specialist, Dr. Wolf.

The patient's other daughter, Gabriel, 11, is in the sixth grade at Bell Middle School. She is somewhat apprehensive and "she reminds me of me as a child."

His family psychiatric history is notable for his mother and an aunt, his mother's sister, who committed suicide.

Non-Deviant and Deviant Sexual History: The patient reached puberty at the age of 14. He had his first ejaculation at the age of 15 when his father brought him to a prostitute. The patient said that he thought that this was unusual for Americans to do, but that he understood that it had been the practice of Europeans in his father's generations (to introduce young men to sex through bringing them to a prostitute).

The patient's first crush was at 10 on a 10-year-old female. His first date was at 13 with a 13-year-old female. His first petting was at 13 with a 13-year-old female. His first genital experience was at 15 and with a 16-year-old female. His first masturbation was at 15. The patient had had no orgasms the week before I interviewed him. The most orgasms he had had by any means in a week was 10. He said he had had sexual relations with approximately 30 females, including 25 prostitutes. He said that he saw prostitutes three to four times per year. He said that he preferred to perform oral sex on them, but frequently they would not agree to this. Otherwise, he said that he had had since the age of 14 or 15 a foot fetish with sexual excitement and a fixation on feet and that he would ask and involve prostitutes in this activity as he had prior girlfriends.

The patient said that he had had four to five girlfriends, then his wife, and then perhaps 25 prostitutes.

The patient had had no male sexual partners, although he said that he briefly fantasized about males using pornography.

The patient estimated that of the past 10 times he had masturbated 5 of these times involved fantasy about adult female's feet, none of them involved males, and the rest involved adult females in conventional sexual activity.

The patient denied any history of physical abuse or sexual abuse. He denied any sexual dysfunction.

The patient denied exhibitionism.

He said that he had had a sexual fixation on feet since the age of 15, although this was not an exclusive form of arousal. His wife did not want to involve herself in this activity.

He denied frotteurism, pedophilia, sexual masochism, sexual sadism, transvestic fetishism, and voyeurism. When asked about transvestic fetishism he said that his older sisters would dress him up in girls' clothes on few occasions with the patient conjecturing that they may have wanted a younger sister. He denied pedophilia, biastophilia (sexual arousal to rape) or excessive or compulsive masturbation.

When asked about promiscuity, he said that he had had sex with 25 prostitutes or so. He said that he felt guilty after doing this, but did not feel that his behavior involving prostitutes was compulsive or out of control. He used pornography but again said that it had never been compulsive or out of control.

He indicated that he participated briefly in phone sex dialing 1800 numbers many years ago. He denied sexual activity involving the Internet, or cybersex. He said that he and his wife had had sexual compatibility problems with the wife rejecting him sexually for several years; he said that he wanted to have sex with her, but that she rejected him.

He said that in terms of adult pornography, his pattern was to download larges amounts of pornography from an adult website once he signed on and then stop his subscription.

He denied any sexual interest in children and said that he had never abused a child. He had had no impulses to download child pornography since he first downloaded it in November of 2005.

He reported 100%, or complete control, over his sexual urges and behavior.

Psychological Testing: Included the following psychological tests with results as noted:

Tests to Assess Deviant and Non-Deviant Sexual Behavior:

1. **A Sexual SCID, or Structured Clinical Interview for Diagnoses for Sexual and Gender Identity Disorders:** which is a structured clinical interview to establish whether or not individuals may have diagnoses of sexual or gender identity disorders which is being developed at the Sexual Behavior Clinic at New York State Psychiatric Institute and in our private practice was administered. The patient made criteria for sexual disorder not otherwise specified, or a couples' sexual problem with he and his wife having issues of sexual compatibility.

He also reported a history of hypoactive sexual interest, but this was related to depression and did not achieve the status of an independent diagnosis.

A question was also raised as to whether he had a sexual disorder not otherwise specified, or hypersexual disorder, characterized by excessive use of prostitutes, but the patient did not report that this behavior was out of control. The patient also reported a sexual disorder not otherwise specified, or a foot fetish, but this was not ego-dystonic to the patient and he did not report that it was a source of distress or dysfunction, and, accordingly, he was not diagnosed as having this condition. Finally, he reported a history of periodic acquisition of adult pornography, but this did not appear compulsive or dysfunctional, and he was not given any diagnosis involving this.

2. **The Bancroft Self Report Scale of Sexual Interest (Developed by Bancroft, Tennent, Loucas, & Case, 1974):** was administered. The patient reported a score of 2, or sexual thoughts on some days but not every day, on the frequency of sexual thoughts scale. This scale asks the patient to indicate how often he or she finds themselves thinking sexy thoughts on a scale of 0, or no sexual thoughts at all, to 5 or sexual thoughts frequent and usually associated with feelings of sexual excitement. He also reported a score of 0 on the sexual activity scale, which asks how many times in the past seven days has masturbation or any overt sexual act resulted in orgasm.

3. **The Clinical Global Impression Scale (Developed by Guy, 1976):** was scored, with the patient receiving a score of 2, or borderline mentally ill, on a scale of 1 to 7, where 1 is normal with no illness at all to 7 in which a patient is considered among the most extremely ill patients. This scale is a rating scale, which was developed at the National Institute of Mental Health for having clinicians rate how ill a patient is compared with the universe of patients that this clinician has seen with the sort of disorders that are in question. I rated Dr. May as having a 2, or being borderline mentally ill. In this case, Dr. May, compared with the thousand plus individuals with paraphilias and/or sexual disorders that I have evaluated was considered borderline mentally ill.

4. **The Abel and Becker Cardsort:** which is an instrument, which asks the offender to endorse items, which reflect the degree of repulsion or attraction to various sexual scenarios. The patient only endorsed items reflecting a sexual interest in adult females, which is normal for adult heterosexual males.

5. **The Able and Becker Cognition Scale:** which is an instrument that asks an offender to endorse cognitions that sex offenders use to justify their molestation of children. 29 Deviant cognitions are presented. The patient endorsed only 1 deviant cognition, suggesting that he does not make use of such cognitions.

6. **The Kinsey Scale:** which is a scale developed by Kinsey which asks an individual to endorse a number from 0, indicating they were exclusively

heterosexual to 6, indicating that they were exclusively homosexual. Dr. May circled a 0, indicating that he was only interested in heterosexual activity.

7. **The Bumpy R Scale:** which is a presentation of 36 items which rapists use to justify their behavior. The patient endorsed only 1 these items in the deviant direction, suggesting that he does not make use of such cognitions.

8. **The Bumpy M Scale:** which is a presentation of 38 cognitions which pedophiles use to support their deviant behavior was administered. The patient endorsed none of these cognitions in the deviant direction, suggesting that he does not make use of such cognitions.

9. **The Derogatis Interview for Sexual Function (Male Version):** was administered. This is a validated and normed instrument that makes enquiries about an individual's sexual behavior in a variety of domains for the time period of the 30 days prior to the administration of the test, including sexual cognition/fantasy; sexual arousal; sexual behavior/experiences; orgasms; and drive/relationship. The patient's scores were in the 55th percentile for cognition/fantasy; 84th percentile for arousal; 12th percentile for sexual behavior/experience; 7th percentile for orgasm; and 7th percentile for sexual drive/relationship. The patient was in the 12th percentile for men for overall sexual activity and functioning. These are low scores for the patient compared with normal men.

10. **The Coleman Compulsive Sexual Behavior Inventory:** this is an inventory that focuses, among other things, on the inability to control sexual impulses. It has been described and validated in peer-reviewed literature. On scale of this instrument, the Control Scale, was used. This presents 13 items that an individual is asked to rate from 1, very frequent use, to 5, never engaged in. A higher score reflects greater control over sexual impulses. Pedophiles have a mean score of 36.2, sexual compulsives a mean of 31.7, and controls a mean of 57.2. Dr. May had a score of 46, suggesting that he was not sexually compulsive.

11. **The Pathological/Problematic Sexual Behavior Scale:** which is a scale to rate pathological sexual behavior which is being developed at the Sexual Behavior Clinic at New York State Psychiatric Institute, was administered, and the patient received a score of 0, indicating that he had had no problematic sexual behavior in the week prior to the test.

Tests to Screen for Other Psychiatric Syndromes:

12. **A SCID-I, or Structured Clinical Interview for DSM-IV and DSM-IV-TR Axis I Disorders:** which is a validated structured diagnostic instrument for the establishment of Axis I DSM-IV-TR psychiatric disorders that I have had extensive training in and experience with was administered. Dr. May made

criteria for major depressive disorder, recurrent, panic disorder, alcohol abuse, marijuana abuse, and nicotine dependence.

13. **A Mini-Mental Status Examination:** which is a well-accepted screen for cognitive disorders. The patient received a score of 30 out of 30, suggesting no organic problems.

14. **The Washton Alcohol and Drug Use Questionnaire:** which is a brief questionnaire which asks an individual to indicate if he has used drugs or alcohol, what the time frame of his use was, when he last used any substances, and if it had ever been a problem. The patient indicated that he had a problem with alcohol and with marijuana, and that he had last used these 40 days before he completed the questionnaire.

15. **The Rotter Incomplete Sentences Blank:** which is a well-studied projective instrument, was completed and showed no indication of any psychosis.

16. **The Beck Depression Inventory:** which is an instrument that assesses the degree of depressive symptomology that an individual has, which I have had extensive training in. The patient had a score of 12, consistent with moderate depressive symptomatology.

Tests to Assess Personality Functioning:

17. **The Hare Psychopathy Checklist, Screening Version:** This is a system of screening for and assessing the degree of psychopathy that an individual has. I have had extensive training in this, in both its full and screening version. The patient received a score of 2, which is well below the threshold in the screening instrument of 18 (out of 24 items), suggesting that he is not a psychopath (an individual who is antisocial and deceptive).

18. **The Hare Psychopathy Checklist, Full Versions:** This is a system of screening for and assessing the degree of psychopathy that an individual has which I have had training in. The Hare asks a rater to make judgments on 20 factors, and can result in a maximal score of 40. I rated the patient as having a score of 4. This is a very low score suggesting that he is not a psychopath.

19. **A SCID-II:** which is a questionnaire to screen for various personality disorders, that I have been trained in, was completed, and the patient did not make criteria for any personality disorder.

Objective Testing:

20. **The Abel Assessment of Sexual Interest:** which consists of both subjective questions and an objective assessment of sexual interest patterns using viewing time measurements. The Abel Assessment has been both accepted and excluded by various Federal Courts. It was administered on October 16th, 2006.

The patient reported the use of prostitutes and the use of telephone sex as the only deviant behaviors on his responses to the questionnaire.

The patient's viewing time assessment showed an interest in adult females only, which is within normal limits for heterosexual males. It did not show any interest in young males or females.

The patient had a cognitive distortion score of 4% (with the range being 0 to 100%). These items describe potential justifications frequently used by clients who are sexually involved with children. This is a low score, indicating that the patient does not use such cognitions.

The patient received a social desirability score of 35% on the Abel Assessment. This portion of the test measures a person's unwillingness to admit to violations of common social mores, such as impatience or feelings or anger. This is a low score, indicating that he was forthright in his responses.

21. **Penile Plethysmography:** This objective measurement is, according to many authorities, the best means of assessing deviant sexual arousal, although it, as do other instruments used in this field, has limitations. This was administered on October 23rd, 2006, by Dr. Douglas Martinez. Dr. Martinez was trained in the use of penile plethysmography at New York State Psychiatric Institute and has over 15 years of experience with this modality.

The results of this were valid and showed overall a sexual interest in consensual sexual activity with adult females only, and no arousal to young males or females or any other deviant stimuli.

22. **Polygraphy:** On October 25th, 2006, the patient had a polygraph administered by Fred R. Meyer, A.C.P., a polygrapher with credentials in assessing sex offenders.

The following questions were asked:

1. Since the age of 21, have you ever engaged in a sex act with a minor child? Answer: No. Opinion: No deception indicated.

2. Since the age of 21, have you ever approached a child to engage in a sex act? Answer: No. Opinion: No deception indicated.

3. Since the age of 21, have you ever attempted to contact a child to engage in a sex act? Answer: No. Opinion: No deception indicated.

Mr. Meyer concluded after a careful analysis of the patient's polygrams that it was his opinion that the patient was being truthful in his answers to the above questions.

The reader is cautioned that polygraphy is generally not admissible in courts of law and has not passed the Frye test or the Daubert standard.

Risk Assessment Instruments:

23. **The Static-99:** which is arguably the most validated and thoroughly studied risk assessment instrument for sexual recidivism. I computed the patient's score as being 0, which places him in the low risk category for sexual recidivism. I would note that the descriptions of whom this instrument may be used on indicate that it may be applied only to individuals who have been accused of actual hands on crime against a victim. This definition of victim has been extended to that of a purported victim, and could involve, for instance, an undercover officer posing as a juvenile in a sting operation. Some have argued that this instrument could also be used to predict the likelihood of recidivism for a sexual crime for individuals who have only involved themselves with hands-off crimes, such as child pornography, because many of the factors which this instrument uses are well-established predictors of criminality (such as a youthful age or the number of prior sentencing dates) and there is no reason to suspect that they would be substantially different for this population. Further, the most important issue in assessing these individuals is their likelihood of committing an actual hands on crime against a victim, and this is the best instrument for this purpose.

Other Data Relevant to the Evaluation:

1. **Conversation with Dr. May's Therapist, Dr. Hopkins:** I spoke with Dr. Hopkins over the telephone on January 9th, 2007. He indicated that he had started seeing Dr. May in November of 2006 on a weekly basis and that he had seen him 5 or 6 times. He had seen him as part of a contract that he had with the Federal Department of Probation, Pre-Trial Services. He said that he did not think he was a pedophile and that his main problems were of substance abuse. He indicated that he thought that Dr. May and his wife had diminished sexual relations because of the wife's reluctance to engage in sexual relations. He did not think that Dr. May presented a risk to children. He said that Dr. May was clean and sober as far as he knew and was having random urines done by Pre-Trail Services. He thought that he was a motivated patient. He said that Dr. May had not been suicidal and thought that suicidal ideation he had had earlier was a panicked reaction to his arrest.

2. **Continuing Course of Treatment:** I interviewed the patient over the telephone on January 9th, 2007. He indicated that for the past few months he had been working for a new firm called The Analysis Group, which does litigation support. They were notified of the patients' charges and still agreed to have the patient work for them. Dr. May explained that the company did not want the Government monitoring its computes, and so agreed to monitor his activity themselves. Dr. May said that he continued clean and sober and was about to graduate from his substance abuse program. He also had continued to see Dr.

Hopkins on a weekly basis in individual therapy. He said that he felt much less depressed, and overall sounded like he was much better off emotionally.

When I presented to him the fact that apparently the government forensic analysis had found that a small amount of child pornography appeared to have been downloaded onto his computer some time in 2003, he said that he did not recall doing this exactly but said that he could have impulsively done so as part of general "web-surfing" of pornographic sites. He again denied any sexual interest in children or in child pornography.

Mental Status Examination: The patient was pleasant and casually dressed. He was initially somewhat anxious, but became more comfortable as the interview progressed. He was quite open. He denied hallucinations. There was no evidence of delusions or disorders of thought. He denied suicidal or homicidal ideation or intent. He clearly recognized that he had a subsequent abuse problem. He said that he was clean and sober with his date of sobriety being September 8th, 2006. He denied any sexual interest in children. He was very open in discussing the rest of his sexual history, including his history of interest in feet and use of prostitutes.

Impression: My impression is that the patient is a 46-year-old male who has a history of growing up in a home characterized by a mother who was extremely depressed and absent. The patient, in this context, which also included a lack of paternal oversight, became abusive of marijuana and of alcohol and also depressed. This abuse and depression continued for some years, until the patient married at age 21. He reported that he was clean and sober at the behest of his wife from when he was married until he turned 40, and became depressed at the death of his mother by suicide and in association with a lot of stress at work.

The patient has had a successful career as an economist, although, there have been a number of job changes and moves over the past several years.

Over the past six years, the patient reported extreme job stress, which he coped with through excessive use of marijuana and alcohol.

Approximately in 2002, he saw an internist who referred him after failed trial of Paxil to a psychiatrist who treated him with Klonopin and Effexor as a dose of 300 mg per day, both of which have effectively treated his depression and panic disorder.

The patient has had three major depressions. In addition to being depressed as a child, he was substantially depressed in 2000, then in 2005 and then again following seizure of his computer in 2006.

The patient has a long history of alcohol and marijuana use and abuse and has been enrolled in appropriate substance abuse treatment since his arrest and has been clean and sober.

Sexually, the patient gives a history of an interest in feet with a "foot fetish" from the age of 14 to 15 onwards. The patient has also involved himself with Internet pornography, although, this sounds not to have been compulsive or excessive.

The patient also has involved himself with prostitutes who he has seen two or three times per year. This again appears not to have been compulsive or driven and but rather to be much more in the patient's control.

The patient in the setting of marijuana and alcohol abuse and depression in 2005 impulsively responded to an advertisement for child pornography and over about a week and a half or a two-week period downloaded very substantial amounts of such pornography.

He reported that when he saw the images and video files that he had downloaded he was repulsed and attempted to delete these, but was unable to because of a computer malfunction. He denied any masturbatory interest in children.

The best available objective measures for assessing deviant sexual interest, including penile plethysmography, viewing time, and a polygraph, support the patient's report that he is not sexually interested in children and has not victimized or tried to victimize a child.

Extensive paper and pencil tests likewise support that the patient does not have a deviant sexual interest in children.

Diagnoses: Please note that psychiatric classification, as opposed to other classification systems in medicine, involves making diagnoses on five Axes, listed as Axes I through V. Axis I describes major psychiatric syndromes that an individual has that may be occasioning his or her seeking treatment. Axis II refers to an individual's personality or their stable way of interacting with others. Axis III involves a listing of medical conditions. Axis IV identifies psychosocial and environmental stressors. Axis V offers a way to grade an individual's overall level of functioning on a scale of 100 (superior functioning over a wide range of activities) through 1 (severe disability and dysfunction). It asks that a judgment be made as to the best level of functioning over the past year and then over the past week.

Axis I:

1. Major depressive disorder, recurrent
2. Panic disorder
3. Marijuana abuse
4. Alcohol abuse
5. Nicotine dependence
6. Couple's problem with history of sexual problems

Axis II:

1. No diagnosis

Axis III: 1. History of gastroesophageal reflux

2. Elevated cholesterol

3. History of intermittent high blood pressure

Axis IV: Stressors—severe—current legal situation

Axis V: Highest level of functioning past year was 90

Highest level of functioning past week was 90

Opinion and Recommendations: Dr. May does not have pedophilia. His acquisition of child pornography appears to have occurred over a 2-week period of time during which, while under the influence of marijuana, alcohol, and some depressive mood, he impulsively responded to an advertisement for child pornography and downloaded substantial amounts of it.

He has a strong family and personal history of depression. He also has a substantial history of alcohol and marijuana abuse, for which he is receiving appropriate treatment.

He has no history of any attempts of child abuse or of actual child abuse and his risk to children is remote.

He is in appropriate treatment now for his depression, substance abuse, and history of impulsively acquiring child pornography.

I have included copies of our resume and description of our treatment program for your information.

Please to not hesitate to contact me if you need any further information.

Sincerely,

Richard B. Krueger, M.D.

Richard B. Krueger, M.D.

Date CV Prepared May 2007

Personal Data

Name	Richard Bohn Krueger, M.D.
Office Address	Medical Director Sexual Behavior Clinic New York State Psychiatric Institute & Columbia University Department of Psychiatry, Unit #45 1051 Riverside Drive New York, N.Y. 10032
Private Practice	210 East 68th Street, Suite 1-H New York, New York 10021-6024
Telephone	(212) 740-7330 (New York State Psychiatric Institute) (212) 517-6624 (private office) (212) 517-4073 (private office fax) (877)-904-5017 (page anywhere) (917)-750-1596 (cell phone anywhere)
Email	rbk1@columbia.edu
Birthdate	7/23/45

Academic Training

1967 B.A.	Albion College, Albion, MI
1977 M.D.	Harvard Medical School, Boston, MA

Traineeship

1977-1978	Internship in Medicine, Boston VA Hospital, Boston, MA
1978-1980	Junior and Senior Residency, Medical, Boston VA Hospital, Boston, MA
1980-1983	Residency in Psychiatry, Department of Psychiatry Boston University, Boston, MA

Licensure

1977-Present	Narcotic License #AK 961-0684
6/2006-Present	Buprenorphine License #XK 961-0684
6/2006-6/2008	New York State Buprenorphine Authorization #000646
1989-1991; 1997-Present	New Jersey Registration #MA 53098
1989-Present	New York License Registration #177371
1995-Present	New York State Worker's Compensation #177371-2

Board Certification

1980	American Board of Internal Medicine, #74112
1984	American Board of Psychiatry and Neurology, Inc., in Psychiatry, Certificate #26401
1996	American Board of Psychiatry and Neurology, Inc., Added Qualifications in Forensic Psychiatry, Certificate #382, recertified through 2016
1997	American Board of Psychiatry and Neurology, Inc., Added Qualifications in Addiction Psychiatry, Certificate #1183, certified through 2007

Professional Organizations and Societies

1978-Present	American Medical Association
1978-Present	Massachusetts Medical Society
1981-Present	American Psychiatric Association
1981-1989	Massachusetts Psychiatric Association
1985-Present	American Academy of Psychiatry and the Law
1989-Present	New York Psychiatric Society

1991-Present	New York Academy of Science
1993-Present	Association for the Treatment of Sexual Abusers
1996-Present	American Academy of Forensic Sciences
2002-Present	Society for Behavioral Neuroendocrinology
2002-Present	International Academy of Sex Research
2003-Present	American Association for the Advancement of Science
2004-Present	International Association of Forensic Mental Health Services
2004-Present	American Psychopathological Association
2006-Present	International Academy of Law and Mental Health

Academic Appointments

1983-1989	Clinical Instructor in Psychiatry, Boston University Medical School
1985-1989	Clinical Instructor in Psychiatry, Harvard Medical School
1989-1998	Assistant Clinical Professor of Psychiatry, Columbia University, College of Physicians and Surgeons
1998-Present	Associate Clinical Professor of Psychiatry, Columbia University, College of Physicians and Surgeons

Hospital Appointments

1982-1987	Consulting Psychiatrist, Hampstead Hospital, Hampstead, NH
1983-1984	Staff Psychiatrist, Westwood Lodge Hospital, Westwood, MA
1984-1988	Staff Psychiatrist, Pembroke Hospital, Pembroke, MA
1985-1986	Assistant Psychiatrist, McLean Hospital/Bridgewater State Hospital Program, Bridgewater, MA
1985-1989	Consulting Psychiatrist, Massachusetts Treatment Center, Bridgewater State Hospital, Bridgewater, MA
1985-1989	Assistant Attending Psychiatrist, McLean Hospital, Belmont, MA

1988-1989	Attending Psychiatrist, Waltham/Weston Hospital Waltham, MA
1989-1998	Assistant Attending Psychiatrist, Columbia Presbyterian Medical Center, New York, NY
1990-2000	Attending Psychiatrist, Gracie Square Hospital, New York, NY
1990-2000	Attending Psychiatrist, Lenox Hill Hospital, New York, NY
1991-1994	Research Psychiatrist II, Department of Biological Psychiatry, New York State Psychiatric Institute, New York, NY
1991-1994	Member, Department of Biological Psychiatry, New York State Psychiatric Institute, New York, NY
1991-1994	Research Psychiatrist II, New York State Psychiatric Institute, New York, NY
1991-Present	Attending Psychiatrist, New York State Psychiatric Institute, New York, NY
1994-1998	Clinical Psychiatrist II, Inwood Mental Health Clinic, Washington Heights Community Service, New York State Psychiatric Institute, New York, NY
1995-Present	Medical Director, Sexual Behavior Clinic, New York State Psychiatric Institute, New York, NY
1998-Present	Clinical Specialist II, Sexual Behavior Clinic, New York State Psychiatric Institute, New York, NY
1998-Present	Associate Attending Psychiatrist, New York Presbyterian Hospital, New York, NY

Honors

1966	Phi Beta Kappa
1967-1968	Rotary International Scholarship for study at University of Stockholm, Sweden
1983	John Murray Prize for Research in Psychiatry, Department of Psychiatry, Boston University Boston, MA
2004	Distinguished Alumni Award, Albion College, Albion, MI

2007	Distinguished Service Award from the New York State Alliance of Sex Offender Service Providers and the New York State Chapter of the Association for the Treatment of Sexual abusers presented "in appreciation of your many years of service. We honor you for your dedication, leadership, clinical expertise and scholarly contributions to the field of sex offender management" NYSATSA/NYSASOSP May 3rd, 2007, Poughkeepsie, NY

Fellowship and Grant Support

1990-1994	Co-Investigator, NIMH, (MH35636) 09-13 Affective and cognitive consequences of ECT 1990-1995 (subject to MERIT award extension to 2000). $1,008,144 direct costs (90-95). Principal Investigator Harold A. Sackeim
1992-1993	Principal Investigator, Cambridge Neuroscience (#CNS-1879-001). A placebo-controlled study of pramiracetam in depressed inpatients undergoing electroconvulsive therapy
1992-1993	Principal Investigator, Cambridge Neuroscience (#CNS-1879-002). A follow-up study of patients completing protocol (#CNS-1879-001) (a placebo- controlled study of pramiracetam in depressed inpatients undergoing electroconvulsive therapy)
1992-1994	Co-Investigator, NIMH, (MH47739) 01-05 Continuation pharmacotherapy following ECT. (NYSPI site $759,101 direct costs all sites $2,490,284). Principal Investigator Harold A. Sackeim.
1993-1994	Co-Investigator, Dana Foundation Research Program on Age-Related Memory Defects (ECT memory project). $250,000 direct costs. Principal Investigators Eric Kandel and Lewis P. Rowland.

Other Grants and Contracts

11/2000-9/2001	Contract No 0208-2001-07 (MH) with Department of Probation of the United States District Court for the Southern District of New York; contract for the evaluation and care of federal offenders convicted of sexual crimes.
5/2001-9/2001	Non-competitive Purchase Order #50668A with the Department of Probation of United States District Court for the Southern District of New York for to administer penile plethysmograph and polygraph examinations.

10/2001-9/2002	Non-competitive Purchase Order #56640 with the Department of Probation of United States District Court for the Southern District of New York to administer Individual and Group Mental Health Counseling/Sex Offender.

Departmental and University Committees

1992-1995	NYSPI-Columbia University IRB Psychopharmacology I Subcommittee, member
1992-1995	New York State Psychiatric Institute--Columbia University Department of Psychiatry Institutional Review Board, member

Teaching Experience and Responsibilities

1977-1980	Clinical Instructor in Medicine, Tufts University School of Medicine (taught medical students, interns, and residents in medicine)
1977-1980	Clinical Instructor in Medicine, Boston University, School of Medicine (taught medical students, interns, and residents in medicine)
1980-1983	Clinical Instructor in Psychiatry, Department of Psychiatry, Boston University (taught medical students and residents in psychiatry)
1983	Taught seminars in clinical interviewing using videotape for medical students and psychiatric residents at Boston University
1983-1984	Taught Boston University medical students during their psychiatry rotation at Westwood Lodge Hospital
1989-1991 1994-2000	Faculty, Psychiatric Medicine I and Psychiatric Medicine II, teaching Columbia first and second year medical students
1991-1993	Supervisor PGY IV Residents in psychiatry at Columbia P&S in consultation and liaison psychiatry
1991-1994	Supervisor and instructor, Columbia medical students and psychiatric residents in performing ECT
1991-1994	Developed and directed a Continuing Medical Education Fellowship on Electroconvulsive Therapy offered by the Department of Psychiatry of Columbia P&S and the Department of Biological Psychiatry of New York State Psychiatric Institute
1994-1997	Clinical Supervisor, Columbia psychology interns

1994-1998	Supervisor, Columbia PGY III medical students in their outpatient experience during their psychiatry rotation
1994-present	Faculty, Harlem Hospital Residency in Psychiatry, teaching PGY II residents on sexual disorders and paraphilias and their treatment
1994-present	Evaluation supervisor, Columbia PGY III psychiatric residents
1996-present	Faculty, Creedmoor Psychiatry Residency, teaching PGY III psychiatric residents on sexual disorders and their treatment
1999-present	Faculty, Columbia Cornell Fellowship in Forensic Psychiatry

Other Professional Activities

1984-1989	Consulting Psychiatrist, Blue Cross/Blue Shield, Utilization Review Program
1984-1989	Consulting Psychiatrist, The Neurologic Center at Forest Manor, Middleborough, MA
1984-1989	Consulting Psychiatrist, Jordan Hospital, Plymouth, MA
1985-1989	Consulting Psychiatrist, The Boston Neurobehavioral Center, Boston, MA
1985-1989	Consulting Psychiatrist, The Massachusetts Treatment Center, Bridgewater, MA
1988-1989	Consulting Psychiatrist, McLean Health Services, Belmont, MA
1988-1989	Consulting Psychiatrist, Framingham Court Clinic, Framingham, MA
1989-1998	Consulting Psychiatrist, Sexual Behavior Clinic, New York State Psychiatric Institute, New York, NY
1989-1991	Attending Psychiatrist, Inpatient Psychiatric Unit, Allen Pavilion, Columbia Presbyterian Medical Center
1994	Guest Reviewer, *Biological Psychiatry*
1995-Present	Member, Sexual Offenders Committee, American Academy of Psychiatry & the Law

1995-Present	Authorized Provider, State of New York Worker's Compensation Board
1995-Present	Expert Consultant, New York State Health Department's Office of Professional Medical Conduct (OPMC), Albany, NY
1996-Present	Expert Consultant, New Jersey State Board of Medicine Trenton, New Jersey
1996-Present	Member, Board of Directors, The New York Academy of Traumatic Brain Injury, Inc.
1997-2001	Member, Psychopharmacology Committee, American Academy of Psychiatry & the Law
1997-2001	Member, Board of Directors, New York State Chapter, Association for the Treatment of Sexual Abusers
1998-2000	Consultant, NY State Office of Mental Health/Sidney Albert Institute of the Parsons Child and Family Center Workgroup on Developing a Statewide System of Care for Child and Adolescent Sexual Abusers
1998-2001	Chairman, Psychopharmacology Committee, American Academy of Psychiatry & the Law
1999-2002	Consultant, NY State Office of Mental Health Task Force on Sex Abuse
2000	Guest Reviewer, *Psychiatry Research*
2001	Guest Reviewer, *Practical Psychiatry and Behavioral Health*
2001-2005	Consultant, Board of Directors, New York State Chapter, Association for the Treatment of Sexual Abusers
2003	Guest Reviewer, *Progress in Neuro-Psychopharmacology & Biological Psychiatry*
2005	Guest Reviewer, *European Archives of Psychiatry and Clinical Neuroscience*
2005-Present	Vice-President, New York State Chapter, Association for the Treatment of Sexual Abusers
2005-Present	Member, Board of Directors, New York State Chapter, Association for the Treatment of Sexual Abusers

2007 Guest Reviewer, *Sexual Abuse*

Bibliography

PEER REVIEWED ARTICLES

1984

1. Krueger RB, Levy E, Fox B, Cathgart E, Black P: Lymphocyte subsets in patients with major depression Preliminary findings. Advances. 1984; 1:5-9

1985

2. Levy E, Krueger RB: Depression and the immune system. Directions in Psychiatry. 1985; 5:1-8

1992

3. Krueger RB, Sackeim HA, Gamzu ER: Pharmacological treatment of the cognitive side effects of ECT: A review. Psychopharmacology Bulletin. 1992; 28:409-424

1993

4. Krueger RB, Fama JM, Devanand DP, Prudic JP, Sackeim HA: Does ECT permanently alter seizure threshold? Biological Psychiatry. 1993; 33:272-276

1994

5. Malaspina D, Devanand DP, Krueger RB, Prudic J, Sackeim HA: The significance of clinical EEG abnormalities in depressed patients treated with ECT. Convulsive Therapy. 994; 10:259-266

6. Prudic J, Sackeim HA, Devanand DP, Krueger RB, Settembrino JM: Acute cognitive effects of subconvulsive electrical stimulation. Convulsive Therapy. 1994; 10:4-24

7. Devanand DP, Krueger RB: Electroconvulsive therapy in the elderly. Current Opinion in Psychiatry. 1994; 7:359-364

1998

8. Krueger RB, Glancy GD, Bradford JM: The Abel screen: A new instrument for assessing sexual interest. J Am Acad Psychiatry Law, Vol 26, No. 2, 1998; 277-280

2000

9. Krueger RB, Kaplan MS: Disorders of Sexual Impulse Control in Neuropsychiatric Conditions. In T. W. McAllister, Guest Ed. Seminars in Clinical Neuropsychiatry Pharmacological of Neuropsychiatric Syndromes. Vol. 5, No. 4, 2000; pp. 266-274

2001

10. Krueger RB, Kaplan MS: Depo-leuprolide acetate for the treatment of the paraphilias: A report of 12 cases. Archives of Sexual Behavior. 2001; 30:409-422

11. Krueger RB, Kaplan MS: The paraphilic and hypersexual disorders: An Overview. Journal of Psychiatric Practice. November 2001; 7:391-403

2002

12. Krueger RB, Kaplan MS: Behavioral and psychopharmacological treatment of the paraphilic and hypersexual disorders. Journal of Psychiatric Practice. January 2002; 8:21-32

13. Krueger RB, Kaplan MS: Treatment resources for the paraphilic and hypersexual disorders. Journal of Psychiatric Practice. January 2002; 8:59-60

14. Krueger RB, Kaplan MS: A favorable view of the DSM-IV diagnosis of pedophilia and empathy for the pedophile. Archives of Sexual Behavior. December 2002; 31:486-488

2003

15. Krueger RB: A Positive View of Spitzer's Research and an Argument for Further Research. Archives of Sexual Behavior. October 2003; 32:443-444

2006

16. Shajnfeld A, Krueger RB: Integrating Law and Psychiatric Practice: Reforming Non-Punitive Responses to Sexual Offending. In preparation.

17. Krueger RB, Kaplan, M, Vaughn R: Characteristics of 60 Males Arrested for Possession of Child Pornography Acquired Through the Internet or for Coercion or Enticement of Minors over the Internet or Both. In preparation.

CASE REPORTS

2006

1. Krueger RB, Hembree W, Hill M (2006). Prescription of Medroxyprogesterone Acetate to A Patient with Pedophilia, Resulting in Cushing's Syndrome and Adrenal Insufficiency. Sexual Abuse: A Journal of Research & Treatment; 18:227-228.

2. Krueger RB, Kaplan MS (2006). "I Want to Try It. What Else Can I Do?" Chemical Castration as a Treatment for Pedophilia. R Spitzer, J. Williams, M. First (Eds). DSM-IV-TR Casebook, Volume 2, American Psychiatric Association Press. Washington DC. 309-334.

CHAPTERS AND BOOKS

1985

1. Levy EM, Krueger RB. (1985) Depression and the immune system. In Flach, F. (Ed.) Directions in Psychiatry, Hatherleigh Company, Ltd., New York, pp. 1-8

1988

2. Levy EM, Krueger RB. (1988) Depression and the Immune System. In F. Flach (Ed.) Affective Disorders. Norton Publishers, New York, pp. 186-198

1995

3. Krueger RB, Sackeim HA. (1995) ECT and Schizophrenia. In S. Hirsch and D. Weinberger (Eds.). Schizophrenia. Blackwell Scientific Publications Ltd., Oxford, pp. 503-545

1996

4. Levy E, Chancellor-Freeland C, Krueger RB. (1996) Depression and the Immune System: The Hatherleigh Guide to Managing Depression. Hatherleigh Press, New York, pp. 15-32

1997

5. Krueger RB, Kaplan MS. (1997) Frotteurism Assessment and treatment. In D. R. Laws and W. O'Donohue (Eds.). Sexual Deviance: Theory, Assessment, and Treatment. Guilford Press, New York, pp. 131-151

6. Kaplan M, Krueger RB. (1997) Voyeurism: Psychopathology and Theory. In D. R. Laws and W. O'Donohue (Eds.).Sexual Deviance: Theory, Assessment, and Treatment. Guilford Press, New York, pp. 297-310

2000

7. Krueger RB, Kaplan MS. (2000) The non-violent serial offender: Exhibitionism, frotteurism, and telephone scatologia. In L.B. Schlesinger (Ed.) Serial Offenders Current Thought, Recent Findings, Unusual Syndromes. CRC Press, Boca Raton, Fl., pp. 103-118

8. Krueger RB, Kaplan MS. (2000) Evaluation and Treatment of Sexual Disorders: Frottage. In VandeCreek, L. (Ed.) Innovations in Clinical Practice: A Source Book. Vol. 18, Professional Resource Press. Sarasota, Fl. pp. 185-198

2003

9. Kaplan MS, Krueger RB. (2003) Adolescent Sex Offenders. In Rosner, R. (Ed.) Principles and Practice of Forensic Psychiatry. Second Edition. Chapter 45, Arnold, London. pp. 455-462

2006

10. Krueger RB. (2006) A positive View of Spitzer's Research and an Argument for Further Research. In J. Drescher and K.J. Zucker (Eds.) Ex-Gay Research: Analyzing the Spitzer Study and Its Relation to Science, Religion, Politics, and Culture. Harrington Park Press. Binghamton, New York. Pp. 151-152

11. Krueger RB, Wexler R, Kaplan M, Salah F. (2006) Orchiectomy. In Salah, F, Bradford J. Sex Offenders. Oxford University Press, NY, NY. (in press).

12. Krueger RB, Kaplan MS. (2006) Frotteurism: Assessment and treatment. In D. R. Laws and W. O'Donohue (Eds.). Sexual Deviance: Theory, Assessment, and Treatment. 2nd Edition. Guilford Press, New York in press.

REVIEWS AND EDITORIALS

1991

1. Krueger RB, Silver JM. Reply to Safe Administration of ECT in a patient with a calcified frontal mass (letter). Journal of Neuropsychiatry, 1991; 3:354

1992

2. Sackeim HA, Prudic J, Devanand DP, Krueger RB. In reply: stimulus dosing strategies and the efficacy of unilateral ECT. (letter). Convulsive Therapy, 1992; 8:46-52

1994

3. Krueger RB, Devanand DP, Prudic J, Sackeim HA. Response to Tomasson, Winockur and Pfohl (letter) Biological Psychiatry, 1994; 35:427-429

2005

4. Krueger RB, Kaplan MS. A Review of "Clinical Management of Sex Addiction" edited by Patrick J. Carnes and Kenneth M. Adams. New York Brunner-Routledge, 2002. Journal of Sex & Marital Therapy. October-December 2005; 5:448-450

2006

5. Krueger RB. A Review of "Identifying and Treating Sex Offenders Current Approaches, Research, and Techniques." A Co-Publication as a Printed Volume of a Volume of the Journal of Child Sexual Abuse. Vol 12, No. 3/4 2003. Psychiatric Services. February 2006: 57: 282

6. Krueger RB. "New York Should Not Pass a Violent Predator Law Without Further Study." The Alliance. NYASAOSP/NYATSA. Winter 2005/2006. Volume 8, Issue 1: 4.

7. Krueger RB. "Dear NYATSA and Alliance Members." The Alliance. NYASASOP/NYATSA. Fall 2006. Volume 8, Issue 3: 1.

8. Krueger RB. Board of Directors, NYSATSA & NYASASOP. "NYS ATSA and Alliance Policy Statement Concerning Sexual Violent Predator Legislation." The Alliance. NYASASOP/NYATSA. Fall 2006. Volume 8, Issue 3: 2-3.

9. Krueger RB. Board of Directors, NYSATSA & NYASASOP. "NY State ATSA Letter to Members of the New York State Assembly, Senate, and Joint Conference Committee, and Others Regarding Proposed Sexually Violent Predator (SVP) Legislation." The Alliance. NYASASOP/NYATSA. Fall 2006. Volume 8, Issue 3: 4-5.

10. Krueger RB. Vice-President, NYSATSA. "Toward Treatment for Sexual Abusers." Letter to the Editor, The New York Times, December 31, 2006. Commentary on Editorial "Rush to Judgment on Sex Offenders" December 10, 2006, New York Times.

2007

11. Krueger RB. "The new American witch hunt." Invited op-ed. March 11, 2007, Los Angeles Times.

Presentations at Professional Meetings (partial list)

1996

1. Krueger RB. The Possible Role of Neuropsychological, Neurological and Neuropsychiatric Examination in the Criminal Process. The New York Head Injury Study Group, New York, New York, June 20, 1996.

2. Krueger RB, Kaplan M. The Assessment and Treatment of Sexual Offenders. Grand Rounds, Kirby Forensic Psychiatric Center, New York, New York, October 10, 1996.

3. Krueger RB, Kaplan M. The Professional Before the Review Board Evaluation, Treatment and Rehabilitation. 1996 Association for the Treatment of Sexual Abusers, Annual Convention, Chicago, Illinois, November 12, 1996.

1997

3. Krueger RB, Kaplan M. The Assessment and Treatment of the Adolescent Sexual Offender. Presentation For the Medical Staff of Western New York Children's Psychiatric Center, Buffalo, New York. October 3, 1997.

1998

4. Krueger RB. The Assessment and Treatment of Sexual Dysfunction. Presentation for the Medical Staff of the Family Medicine Program of St. Mary's Hospital, Hoboken, New Jersey, May 26, 1998.

5. Kelly JR, Glancy GD, Krueger RB, Wasyliew OE, Bradford JM. Forensic Evaluation of Paraphilic Stalkers. Presentation at the American

Academy of Psychiatry and the Law's Annual Meeting, New Orleans, Louisiana. October 24, 1998.

6. Krueger RB. Management of Pedophilia. Presentation at Grand Rounds, St. Lawrence Psychiatric Center, Ogdensburg, New York, November 11, 1998.

1999

7. Abel G, Krueger RB. Physician Sexual Misconduct. Presentation before the Board of the Committee for Physician's Health, Lakeville, New York. May 7, 1999.

8. Krueger RB. Management of Pedophilia. Presentation before the staff of Buffalo Psychiatric Center, Buffalo, New York, July 15, 1999.

9. Krueger RB, Bradford JM, Glancy GD, Oldham JM, Tucker DE, Maskel L, Lacoursiere R, Ouligian J. The Impact of Sexual Predator Legislation of Various States. Presentation at the American Academy of Psychiatry and the Law's Annual Meeting, Baltimore, Maryland, October 14, 1999.

10. Krueger RB, Abel G, Bradford J, Greenberg DM, Candilis PJ, Berlin FS. The Assessment and Treatment of Child Molesters. Presentation at the American Academy of Psychiatry and the Law's Annual Meeting, Baltimore Maryland, October 15, 1999.

11. Krueger RB. Pharmacological Treatment of Male Sex Offenders. Presentation at the Psychopharmacology Training Program of the New York State Office of Mental Health, Albany, New York, November 9, 1999.

12. Kaplan MS, Krueger RB. A New York State Historical Perspective. Presentation at the Sidney Albert Institute of Parsons Child and Family Center and the New York State Office of Mental Health Conference entitled An Unveiling of an Integrated Statewide System of Care for Child and Adolescent Sexual Abusers. Sagamore, New York, November 10, 1999.

13. Krueger RB, Kaplan MS. Evaluating Sex Offenders. Workshop presentation at the Twelfth Annual NYS OMH Research Conference. Albany, New York, December 7, 1999.

2000

14. Kaplan MS, Krueger RB. Adolescent Sex Offenders An Update. Grand rounds presentation at Rockland Children's Psychiatric Center, Rockland, New York, February 1, 2000.

15. Krueger RB, Kaplan MS. Behavioral and Pharmacologic Treatment of Male Sex Offenders. Statewide live televised grand rounds, New York

Office of Mental Health, Bureau of Psychiatric Services, Albany, New York, April 26, 2000.

16. Krueger RB. Evaluation and Treatment of Sex Offenders. Grand rounds presentation at Pilgrim Psychiatric Center, West Brentwood, New York, May 19, 2000.

17. Krueger RB, Kaplan MS. Paraphilias and Professional Sexual Misconduct Evaluation and Treatment. Presentation to the Committee for Physicians' Health of the New York Medical Society, Albany, New York. July 12, 2000.

18. Krueger RB. The Psychopharmacological Treatment of The Paraphilias. Grand rounds presentation at Graystone Park Psychiatric Hospital, Morris Plaines, NJ, August 17, 2000.

19. Krueger RB, Kaplan MS. Offender Dynamics. Presentation for Columbia University's Sexual misconduct Policy Hearing panelist Training, New York, NY, October 13, 2000.

20. Krueger RB, Hanson KR, Greenberg D. Using research to Improved Risk Assessments for Sex Offenders-Presentation of the Sex Offenders and Psychopharmacology Committees (Advanced). Course at the October 2000 annual meeting of the American Academy of Psychiatry and the Law, Vancouver, British Columbia, Canada. October 20, 2000.

21. Krueger RB, Gratzer T, Brown P, Candilis P, Bradford JM, Smith C. The Ethics of Treatment and Research Involving Antiandrogen Medications-Presentation of the Sex Offenders and Psychopharmacology Committees. Panel at the October 2000 annual meeting of the American Academy of Psychiatry and the Law, Vancouver, British Columbia, Canada, October 21, 2000.

22. Krueger RB, Hanson KR, Glancy GD, Mossman D, Hart S. Risk Assessment of Sexual Offenders A Critical Assessment--Presentation of the Sex Offenders and Psychopharmacology Committees. Panel at the October 2000 annual meeting of the American Academy of Psychiatry and the Law, Vancouver, British Columbia, Canada, October 21, 2000.

23. Abel GG, Osborn CA, Krueger RB. The Etiology, Evaluation and Treatment of Professionals Accused of Sexual Misconduct With Their Clients. Session at the November 2000 annual meeting of the Association for the Treatment of Sexual Abusers. San Diego, California, November 3, 2000.

24. Krueger RB. The Pharmacological Treatment of the Paraphilias. Presentation at Teaching Conference at Bronx State Psychiatric Center, Bronx, NY, November 10, 2000.

25. Krueger RB. The Pharmacological and Behavioral Treatment of the Paraphilias. Presentation at Grand Rounds, Hutchings Psychiatric Center, Syracuse, NY, November 15, 2000.

26. Krueger RB. An Update on Current Evaluation and Treatment of the Paraphilias. Presentation at Grand Rounds, Queens Hospital Center, Department of Psychiatry, Jamaica, NY, December 15, 2000.

2001

27. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, New York Presbyterian Hospital, Cornell University, Payne Whitney Clinic, New York, NY, March 7, 2001.

28. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, New York Presbyterian Hospital, Westchester Division, White Plains, NY, April 24, 2001.

29. Krueger RB, Kaplan, MS. Polygraphy and Sex Offenders. Presentation at the Tristate Meeting of the U.S. Department of Probation, Southern District, Manhattan, NY, May 11, 2001.

30. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, Kingsborough Psychiatric Center, Brooklyn, NY, May 16, 2001.

31. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, Coney Island Hospital, Brooklyn, NY, June 4, 2001.

32. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, Rockland Psychiatric Center, Orangeburg, NY, October 4, 2001.

33. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, Creedmore Psychiatric Center, Queens, NY, October 5, 2001.

34. Krueger RB, Abel G, Kuban M, Bradford J, Sosnowski D. Objective Methods for Assessing Sexual Interest A Critical Appraisal. Presentation at the Annual Meeting of the American Academy of Psychiatry and the Law, Boston, MA, October 27, 2001.

35. Krueger RB, Kafka M. Male Hypersexuality Disorders New Clinical Insights and Pharmacological Treatments. Presentation at the Annual

Meeting of the American Academy of Psychiatry and the Law, Boston, MA, October 27, 2001.

36. Glancy G, Brown P, Krueger RB, Ouligian J, Candilis P. Psychopharmacology of Violence. Presentation at the Annual Meeting of the American Academy of Psychiatry and the Law, Boston, MA, October 28, 2001.

2002

37. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, Mohawk Valley Psychiatric Center, Utica, New York, March 7, 2002.

38. Krueger RB. Risk Assessment and Treatment of a Patient with a History of Multiple Homicides. Presentation at Grand Rounds, St. Lawrence Psychiatric Center, Ogdensburg, New York, April 3, 2002.

39. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders. Presentation at Grand Rounds, Harlem Hospital, Harlem, New York, April 17, 2002.

40. Krueger RB. The Use of Medication in the Treatment of Sex Offenders. Presentation at the Seventh Annual Training Conference on the Evaluation and Treatment of Sex Offenders Poughkeepsie, NY, April 30, 2002.

41. Krueger RB. The Use of Medication in the Treatment of Individuals with Paraphilias and Hypersexual Disorders An Update. Presentation at Grand Rounds, the Department of Psychiatry, Montefiore Medical Center and the Albert Einstein College of Medicine, Bronx, NY, October 17, 2002.

42. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Grand Rounds, Kirby Forensic Psychiatric Center, Ward's Island, New York, NY, November 7, 2002.

2003

43. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Grand Rounds, Middletown Psychiatry Center, Middletown, NY, February 5, 2003.

44. Kaplan MS, Krueger RB. Assessment of Youngsters with Histories of Inappropriate Sexual Behavior. Presentation at Grand Rounds, Rockland Children's Psychiatric Center, Orangeburg, NY, February 11, 2003.

45. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Mount Sinai Hospital, New York, NY, March 11, 2003.

46. Krueger RB. Recent Developments in the Treatment of the Paraphilias and the Hypersexual Disorders in Adults and Adolescents. Presentation at Combined Social Work and Psychiatry Grand Rounds, Harlem Hospital, New York, NY, March 26, 2003.

47. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Grand Rounds, Manhattan Psychiatric Center, Ward's Island, New York, NY. May 2, 2003.

48. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Grand Rounds, Pilgrim Psychiatric Center, West Brentwood, NY. November 5, 2003.

2004

49. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Grand Rounds, St. Luke's-Roosevelt Hospital Center, New York, NY, March 10, 2004.

2005

50. Kaplan MS, Krueger RB. Assessment and Treatment of Adolescent Sexual Offenders. Presentation at Grand Rounds, Rockland Children's Psychiatric Center, Orangeburg, NY, February 1, 2005.

51. Krueger RB, Kaplan MS. Assessment and Treatment of Individuals Arrested for Internet Crimes Against Children. Presentation at the Tenth Annual Conference of the New York State Alliance of Sex Offender Service Providers and the New York State Chapter of the Association for the Treatment of Sexual Abusers. White Plains, NY, May 6, 2005.

52. Rotter M, Reid N, Rivera J, McCullough M, Krueger R. Psychopharmacological Assessment and Treatment of Patients in the New York State OMH System. Part of an overall presentation The Mentally Ill Sexual Offender Special Considerations for a Special Population. Presentation at the Tenth Annual Conference of the New York State Alliance of Sex Offender Service Providers and the New York State Chapter of the Association for the Treatment of Sexual Abusers. White Plains, NY, May 6, 2005.

53. Freedman PM, Kaplan MS, Krueger RB, Simring SS. Sexual Deviation, Sexual Crimes, and Sexually Violent Predators. State of New Jersey, Judicial College, Administrative Office of the Courts and the Supreme

Court Committee on Judicial Education. Teaneck, NJ. November 22, 2005.

2006

54. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Grand Rounds, Creedmore Psychiatric Center, New York, NY, March 9, 2006.

55. Krueger RB. Recent Developments in the Diagnosis and Pharmacological Treatment of Sex Offenders. Presentation at Grand Rounds, Gouvenor Hospital, New York, New York, April 25, 2006.

56. Krueger, RB. Reports of Child Sexual Abuse Perpetrated by Females in a Sample of Male Sexual Offenders and Comments on SVP Legislation in New York State. Presentation at a conference "Meeting the Needs of All Victims of Criminal Behavior" given by New York AAPL, New York University, New York, New York, April 29, 2006.

57. Friedman, RA, Kaplan, MS, Weiss, SL, Greenberg, M. Risk Assessment and a Team Approach to Sexual Violence in the Family. Presentation at The Interdisciplinary Forum on Mental Health and Family Law in New York State. New York, New York, May 16, 2006.

58. Abel, GG, Marks, TI, Krueger, RB. The Evaluation and Treatment of Physicians Involved in Sexual Misconduct and Sexual Harrassment. Course 100. The American Psychiatric Associations 159th Annual Meeting. Toronto, Ontario, Canada, May 25, 2006.

59. Krueger, RB, Kaplan, MS. Biological Treatments for the Paraphilias and Compulsive Sexual Behavior. Presentation at Annual Meeting of the Association for the Treatment of Sexual Abusers. Chicago, Illinois, September 29, 2006.

60. Rotter, M, Krueger, R. The Mentally Ill Sexual Offender: Special Considerations for a Special Population. Presentation by Dr. Rotter before the American Psychiatric Association's Institute on Psychiatric Services Annual Meeting. New York, New York, October 6, 2006.

61. Seybert, J, Hurley, D, Whalen, M, Garoppolo, T, Bode, A, Krueger, R. Selected Issues Involving Child Pornography. Presentation at the Criminal Justice Act Panel Committee of the Eastern District of New York. Brooklyn, New York, October 24, 2006.

62. Corliss, RK, Cross, CD, Krueger, RB, Harkavy, S, O'Connor, A: Civil Commitment of Sexually Violent Predators: Where Are We Now and Where Do We Want to Go? NAMI-New York State 24th Annual Educational Conference. From Research to Recovery: Improving the

Lives of New Yorkers with Mental Illness. White Plains, New York, November 3, 2006.

63. Kinscherff, R, Guidry, L, Berlin, F, Bengis, SM, Hart, SD, Latham, C, Prentky, R, Vincent, G, Dunseith, NW, Taylor, P, Krueger, RB, Saleh, FM, Ball, CJ. Conversations on Best Practice Applications for the Mentally Ill/ Problematic Sexual Behavior Population: Values and Implementation. Worchester, Massachusetts, November 17, 2006.

64. Krueger, RB. Influencing sex offender legislation: What role for Clinicians? In a symposium entitled: Society and sex offenders with D, Wylie, K, Morris, C, Green, P, Krueger, R, Bradford, J, and Soothill, K. Organized by the Sexuality & Sexual Health Section of the Royal Society of Medicine, London, England, December 1, 2006.

65. Krueger, RB. Biological Treatments for the Paraphilias and Compulsive Sexual Behavior. Presentation at Grand Rounds. Central New York Psychiatric Center, Marcy, New York, December 20, 2006.

66. Krueger, RB. Biological Treatments for the Paraphilias and Compulsive Sexual Behavior. Presentation at Grand Rounds. Woodhull Medical & Mental Health Center, January 17, 2006.

67. Baillargeon, J. et al. Responses to Sex Crimes and People Convicted of Sex Crimes. Participant. Open Society Institute, New York, New York, January 25, 2006.

2007

68. Abel, GG, Marks, TI, Krueger RB. The Evaluation and Treatment of Physicians Involved in Sexual Misconduct and/or Sexual Harrassment. American Psychiatric Association 160th Annual Meeting, San Diego, California. May 21, 2007.

69. Lindenmeyer, JB, Langer, SJ, Krueger, RB, Barbaree, Barbaree, HE, Siegel, LA, Zonana, HV. Biological Treatments for the Sexually Violent Offender and Discussant in Symposium 70. The Sexually Violent Offender. American Psychiatric Association 160th Annual Meeting, San Diego, California. May 23, 2007.

Thomas F. Hopkins, Ph.D.
23 Old Mamaroneck Road
White Plains, New York 10605
914-761-1305

Honorable Charles L. Brieant
United States District Judge
United States Courthouse
300 Quarropas Street
White Plains, New York 10601

May 29, 2007

Dear Judge Brieant:

Re : DON MAY

I am currently seeing the above named-client in individual psychotherapy. Mr. May has been seen weekly since November, 2006. He is a referral from United States Pretrial Services. I am pleased to report that Mr. May has been fully compliant with his evaluation and treatment. We have a successful therapeutic alliance. He has demonstrated appropriate effort in addressing the psychological and emotional issues underpinning his current legal difficulties.

Major issues in his therapy have included his father's death; his depression; substance abuse and the pathology of his primary family. Mr. May is very concerned about the possible negative outcomes for his wife and children resulting from his current charges.

In addition to my federal contract I have seen over 400 sex offenders referred by New York State Department of Parole. These offenders are typically seen for the duration of their parole. Many of the offenders are designated Level 3 (high risk) and many include minor victims. By contrast, I have seen no evidence that Mr. May has had any inappropriate contact with minors or shows a proclivity to do so. In my professional opinion he should not be judged to be a danger to children.

Sincerely,

Thomas F. Hopkins, Ph.D.

Thomas F. Hopkins, Ph.D.
Licensed Psychologist
NYS #5981